

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/20/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>20816</i>	<i>6/24/00</i>
FORMALITY REVIEW	<i>RE</i>	<i>60105</i>	<i>08-09-10</i>
RESPONSE FORMALITY REVIEW	<i>H</i>		<i>10-29-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected\*      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	7/2
2	24/11
3	03/04
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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